

UNITED CONCORDIA

America's Premier Dental Insurer

Dental Coverage Options (Effective July 1, 2006)

for

The State of Delaware

Dental Health Maintenance Organization (DHMO)

Dental Preferred Provider Organization (PPO)

Dental Indemnity





UNITED CONCORDIA

America's Premier Dental Insurer

Dental Benefits Summary

(Effective July 1, 2006 – June 30, 2007)

United Concordia Dental Plan Comparison:

Plan Characteristics	DHMO	PPO	Indemnity
In-Network Benefits	Yes	Yes	No
Required to Use An Assigned Provider	Yes	No	No
Out of Network Benefits Available	No	Yes	Yes
Claim Required	No	Yes*	Yes
Balance Billing for Covered Services	No	Yes*	Yes
Specialty Referral Required	Yes	No	No
Orthodontia Benefits Available	Yes	Yes	Yes
Orthodontia Maximum (Lifetime)	N/A	\$1000.00	\$1000.00
Annual Benefit Maximum (per person)	N/A	\$1000.00	\$1000.00
Annual Deductible (per person)	N/A	\$50.00	\$50.00
Maximum Deductible (per family)	N/A	\$150.00	\$150.00

* **Applies when using any non-participating provider under this plan.**

Monthly Premium Rates (100% Employee Paid):

Tier Levels	DHMO	PPO	Indemnity
Subscriber Only	\$21.26	\$22.98	\$31.98
Subscriber and Spouse	\$42.46	\$46.90	\$64.48
Subscriber and Child/Children	\$39.74	\$46.04	\$64.02
Family	\$65.26	\$76.82	\$106.26

Network Notes:

- **DHMO – IN-NETWORK ONLY. “Concordia Plus” network.** Network is very limited in DE. Providers may close to new plan participants/patients. You may choose to be assigned to providers in Delaware **or any bordering state**.
- **PPO – IN and OUT-OF-NETWORK COVERAGE. “Advantage Plus” network.** Participating providers may close to new patients whenever they choose. **It is recommended that you check with the provider office to make sure they are accepting new patients under the PPO plan if you intend to move to this coverage based on a specific provider’s participation.** In-network providers may not balance-bill.
- **INDEMNITY – NO NETWORK.** All providers may balance-bill members.
- ❖ Find network providers on-line at www.unitedconcordia.com

All services listed on this benefit summary are subject to the contract, Schedules of Benefits, and the Exclusions and Limitations.

Plan Overview

Dental HMO (DHMO)

- Updated **Concordia Plus (DHMO)** Schedule of Benefits “**State of Delaware (Plan NP2)**”
- Comprehensive, in-network coverage
- Fixed copayment fee schedule
- Minimal or no copayment for most preventive and diagnostic procedures (see Schedule of Benefits)
- No deductibles, no maximums
- No claim forms
- Each family member may select their own *Primary Dental Office (PDO)*
- Copayment fee is the same whether care is received from primary dentist or specialist
- Orthodontia benefits available for adults and children

Current **Concordia Plus** (DHMO) provider listings, including **participating providers in DE, MD, PA and NJ**, can be accessed on-line at www.unitedconcordia.com.

QUESTIONS?
Call **1-866-604-8488**

All services listed on this benefit summary are subject to the contract, Schedule of Benefits, and applicable Exclusions and Limitations (attached).

IMPORTANT INFORMATION ABOUT YOUR PLAN

- This Schedule of Benefits provides a listing of procedures covered by Your Plan. For procedures that require a Copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these Copayments to the dental office at the time of service.
- You must select a United Concordia Primary Dental Office (PDO) to receive Covered Services. Your PDO will perform the below procedures or refer You to a Specialty Care Dentist for further care. Treatment by an Out of Network Dentist is not covered, except as described in the Certificate of Coverage.
- Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- For a complete description of Your Plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- If You have any questions about Your United Concordia Dental Plan, please call Our Customer Service Department toll free at 1-866-604-8488 or access Our Website at www.unitedconcordia.com.

ADA CODE	ADA DESCRIPTION	Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
CLINICAL ORAL EVALUATIONS					
D0120	Periodic oral evaluation	0	D1520	Space maintainer - removable - unilateral	32
D0140	Limited oral evaluation - problem focused	0	D1525	Space maintainer - removable - bilateral	45
D0150	Comprehensive oral evaluation - new or established patient	0	D1550	Re-cementation of space maintainer	6
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	AMALGAM RESTORATIONS (including polishing)		
D0180	Comprehensive periodontal evaluation - new or established patient	0	D2140	Amalgam - one surface, primary or permanent	12
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			D2150	Amalgam - two surfaces, primary or permanent	16
D0210	Intraoral - complete series (including bitewings)	0	D2160	Amalgam - three surfaces, primary or permanent	19
D0220	Intraoral - periapical first film	0	D2161	Amalgam - four or more surfaces, primary or permanent	24
D0230	Intraoral - periapical each additional film	0	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D0240	Intraoral - occlusal film	0	D2330	Resin-based composite - one surface, anterior	14
D0270	Bitewing - single film	0	D2331	Resin-based composite - two surfaces, anterior	18
D0272	Bitewings - two films	0	D2332	Resin-based composite - three surfaces, anterior	21
D0274	Bitewings - four films	0	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	26
D0277	Vertical bitewings - 7 to 8 films	0	D2390	Resin-based composite crown, anterior	26
D0330	Panoramic film	0	D2391	Resin-based composite - one surface, posterior	39
D0340	Cephalometric film	0	D2392	Resin-based composite - two surfaces, posterior	54
TESTS AND EXAMINATIONS			D2393	Resin-based composite - three surfaces, posterior	68
D0460	Pulp vitality tests	0	D2394	Resin-based composite - four or more surfaces, posterior	72
D0470	Diagnostic casts	0	INLAY/ONLAY RESTORATIONS		
DENTAL PROPHYLAXIS			D2510	Inlay - metallic - one surface	125 ♦
D1110	Prophylaxis - adult	0	D2520	Inlay - metallic - two surfaces	201 ♦
D1120	Prophylaxis - child	0	D2530	Inlay - metallic - three or more surfaces	214 ♦
TOPICAL FLUORIDE TREATMENT (office procedure)			D2542	Onlay - metallic - two surfaces	238 ♦
D1203	Topical application of fluoride (prophylaxis not included) - child	0	D2543	Onlay - metallic - three surfaces	238 ♦
D1204	Topical application of fluoride (prophylaxis not included) - adult	0	D2544	Onlay - metallic - four or more surfaces	246 ♦
OTHER PREVENTIVE SERVICES			CROWNS - SINGLE RESTORATIONS ONLY		
D1330	Oral hygiene instructions	0	D2710	Crown - resin-based composite (indirect)	109
D1351	Sealant - per tooth	0	D2712	Crown - 3/4 resin-based composite (indirect)	109
SPACE MAINTENANCE (passive appliances)			D2740	Crown - porcelain/ceramic substrate	275
D1510	Space maintainer - fixed - unilateral	30			
D1515	Space maintainer - fixed - bilateral	49			

ADA CODE	ADA DESCRIPTION	Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
D2750	Crown - porcelain fused to high noble metal	275 ♦	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	179
D2751	Crown - porcelain fused to predominantly base metal	265	D3425	Apicoectomy/periradicular surgery - molar (first root)	195
D2752	Crown - porcelain fused to noble metal	270 ♦	D3426	Apicoectomy/periradicular surgery (each additional root)	75
D2780	Crown - 3/4 cast high noble metal	265 ♦	D3430	Retrograde filling - per root	20
D2781	Crown - 3/4 cast predominantly base metal	255	D3450	Root amputation - per root	106
D2782	Crown - 3/4 cast noble metal	260 ♦	OTHER ENDODONTIC PROCEDURES		
D2783	Crown - 3/4 porcelain/ceramic	275	D3920	Hemisection (including any root removal), not including root canal therapy	92
D2790	Crown - full cast high noble metal	265 ♦	D3950	Canal preparation and fitting of preformed dowel or post	0
D2791	Crown - full cast predominantly base metal	255	SURGICAL SERVICES		
D2792	Crown - full cast noble metal	260 ♦	(including usual postoperative care)		
D2794	Crown - titanium	265	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	115
D2799	Provisional crown	47	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	38
OTHER RESTORATIVE SERVICES			D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	110
D2910	Recement inlay, onlay, or partial coverage restoration	9	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	44
D2915	Recement cast or prefabricated post and core	9	D4245	Apically positioned flap	188
D2920	Recement crown	9	D4249	Clinical crown lengthening - hard tissue	139
D2930	Prefabricated stainless steel crown - primary tooth	24	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	247
D2931	Prefabricated stainless steel crown - permanent tooth	26	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	99
D2940	Sedative filling	0	D4263	Bone replacement graft - first site in quadrant	123
D2950	Core buildup, including any pins	23	D4264	Bone replacement graft - each additional site in quadrant	124
D2951	Pin retention - per tooth, in addition to restoration	5	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	58
D2952	Cast post and core in addition to crown	32	NON-SURGICAL PERIODONTAL SERVICES		
D2953	Each additional cast post - same tooth	10	D4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	21
D2954	Prefabricated post and core in addition to crown	28	D4342	Periodontal scaling and root planing - one to three teeth per quadrant	5
D2957	Each additional prefabricated post - same tooth	10	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	16
D2971	Additional procedure to construct new crown under existing partial denture framework	25	D4381	Localized delivery of antimicrobial via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	100
PULP CAPPING			OTHER PERIODONTAL SERVICES		
D3110	Pulp cap - direct (excluding final restoration)	0	D4910	Periodontal maintenance	14
D3120	Pulp cap - indirect (excluding final restoration)	0	COMPLETE DENTURES		
PULPOTOMY			(including routine post-delivery care)		
D3220	Therapeutic pulpotomy (excluding final restoration)	15	D5110	Complete denture - maxillary	333
D3221	Pulpal debridement, primary and permanent teeth	0	D5120	Complete denture - mandibular	333
ENDODONTIC THERAPY ON PRIMARY TEETH			D5130	Immediate denture - maxillary	353
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	26	D5140	Immediate denture - mandibular	353
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	30			
ENDODONTIC THERAPY					
(including treatment plan, clinical procedures and follow-up care)					
D3310	Anterior (excluding final restoration)	59			
D3320	Bicuspid (excluding final restoration)	71			
D3330	Molar (excluding final restoration)	250			
ENDODONTIC RETREATMENT					
D3346	Retreatment of previous root canal therapy - anterior	67			
D3347	Retreatment of previous root canal therapy - bicuspid	81			
D3348	Retreatment of previous root canal therapy - molar	266			
APICOECTOMY/PERIRADICULAR SERVICES					
D3410	Apicoectomy/periradicular surgery - anterior	165			

ADA CODE	ADA DESCRIPTION	Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
PARTIAL DENTURES					
(including routine post-delivery care)					
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	267	D6210	Pontic - cast high noble metal	265 ♦
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	276	D6211	Pontic - cast predominantly base metal	250
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	353	D6212	Pontic - cast noble metal	255 ♦
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	353	D6214	Pontic - titanium	250
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	406	D6240	Pontic - porcelain fused to high noble metal	270 ♦
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	406	D6241	Pontic - porcelain fused to predominantly base metal	260
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	198	D6242	Pontic - porcelain fused to noble metal	265 ♦
ADJUSTMENTS TO DENTURES			D6245	Pontic - porcelain/ceramic	275
D5410	Adjust complete denture - maxillary	17	FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D5411	Adjust complete denture - mandibular	17	D6710	Crown - indirect resin based composite	275
D5421	Adjust partial denture - maxillary	18	D6740	Crown - porcelain/ceramic	275
D5422	Adjust partial denture - mandibular	18	D6750	Crown - porcelain fused to high noble metal	270 ♦
REPAIRS TO COMPLETE DENTURES			D6751	Crown - porcelain fused to predominantly base metal	260
D5510	Repair broken complete denture base	34	D6752	Crown - porcelain fused to noble metal	265 ♦
D5520	Replace missing or broken teeth - complete denture (each tooth)	32	D6780	Crown - 3/4 cast high noble metal	270 ♦
REPAIRS TO PARTIAL DENTURES			D6781	Crown - 3/4 cast predominantly base metal	255
D5610	Repair resin denture base	33	D6782	Crown - 3/4 cast noble metal	260 ♦
D5620	Repair cast framework	37	D6783	Crown - 3/4 porcelain/ceramic	275
D5630	Repair or replace broken clasp	40	D6790	Crown - full cast high noble metal	265 ♦
D5640	Replace broken teeth - per tooth	30	D6791	Crown - full cast predominantly base metal	250
D5650	Add tooth to existing partial denture	38	D6792	Crown - full cast noble metal	255 ♦
D5660	Add clasp to existing partial denture	45	D6794	Crown - titanium	250
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	229	OTHER FIXED PARTIAL DENTURE SERVICES		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	229	D6930	Recement fixed partial denture	13
DENTURE REBASE PROCEDURES			D6970	Cast post and core in addition to fixed partial denture retainer	32
D5710	Rebase complete maxillary denture	102	D6971	Cast post as part of fixed partial denture retainer	28
D5711	Rebase complete mandibular denture	102	D6972	Prefabricated post and core in addition to fixed partial denture retainer	28
D5720	Rebase maxillary partial denture	119	D6973	Core build up for retainer, including any pins	23
D5721	Rebase mandibular partial denture	119	D6976	Each additional cast post - same tooth	10
DENTURE RELINE PROCEDURES			D6977	Each additional prefabricated post - same tooth	10
D5730	Reline complete maxillary denture (chairside)	65	EXTRACTIONS		
D5731	Reline complete mandibular denture (chairside)	65	(includes local anesthesia, suturing, if needed, and routine postoperative care)		
D5740	Reline maxillary partial denture (chairside)	60	D7111	Extraction, coronal remnants - deciduous tooth	5
D5741	Reline mandibular partial denture (chairside)	60	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	13
D5750	Reline complete maxillary denture (laboratory)	96	SURGICAL EXTRACTIONS		
D5751	Reline complete mandibular denture (laboratory)	96	(includes local anesthesia, suturing, if needed, and routine postoperative care)		
D5760	Reline maxillary partial denture (laboratory)	102	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	57
D5761	Reline mandibular partial denture (laboratory)	102	D7220	Removal of impacted tooth - soft tissue	71
OTHER REMOVABLE PROSTHETIC SERVICES			D7230	Removal of impacted tooth - partially bony	94
D5850	Tissue conditioning, maxillary	0	D7240	Removal of impacted tooth - completely bony	112
D5851	Tissue conditioning, mandibular	0	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	112
FIXED PARTIAL DENTURE PONTICS			D7250	Surgical removal of residual tooth roots (cutting procedure)	57
D6205	Pontic - indirect resin based composite	275	OTHER SURGICAL PROCEDURES		
			D7280	Surgical access of an unerupted tooth	108
			D7283	Placement of device to facilitate eruption of impacted tooth	27
			D7288	Brush biopsy - transepithelial sample collection	45

ADA CODE	ADA DESCRIPTION	Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
ALVEOLOPLASTY (surgical preparation of ridge for dentures)			PROFESSIONAL VISITS		
D7310	Alveoloplasty in conjunction with extractions - per quadrant	58	D9440	Office visit, after regularly scheduled hours	43
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	74	MISCELLANEOUS SERVICES		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	30	★	Broken appointment per 30 minutes (without 24-hour notice)	10
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS			FOOTNOTES		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	94	†	Please report under code D8999 "Unspecified orthodontic procedure, per report." Records include all diagnostic procedures, such as cephalometric films, full mouth x-rays, models, and treatment plans.	
OTHER REPAIR PROCEDURES			★	Please report under code D9999 "Unspecified adjunctive procedure, by report."	
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	85	◆	Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional \$125 for these materials.	
D7963	Frenuloplasty	43			
LIMITED ORTHODONTIC TREATMENT					
D8010	Limited orthodontic treatment of the primary dentition	750			
D8020	Limited orthodontic treatment of the transitional dentition	750			
D8030	Limited orthodontic treatment of the adolescent dentition	750			
D8040	Limited orthodontic treatment of the adult dentition	750			
INTERCEPTIVE ORTHODONTIC TREATMENT					
D8050	Interceptive orthodontic treatment of the primary dentition	900			
D8060	Interceptive orthodontic treatment of the transitional dentition	900			
COMPREHENSIVE ORTHODONTIC TREATMENT					
D8070	Comprehensive orthodontic treatment of the transitional dentition	1,900			
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2,100			
D8090	Comprehensive orthodontic treatment of the adult dentition	2,300			
MINOR TREATMENT TO CONTROL HARMFUL HABITS					
D8210	Removable appliance therapy	212			
D8220	Fixed appliance therapy	222			
OTHER ORTHODONTIC SERVICES					
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	400			
†	Orthodontic records fee	350			
UNCLASSIFIED TREATMENT					
D9110	Palliative (emergency) treatment of dental pain - minor procedure	0			
ANESTHESIA					
D9220	Deep sedation/general anesthesia - first 30 minutes	200			
D9221	Deep sedation/general anesthesia - each additional 15 minutes	40			
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	200			
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	40			
PROFESSIONAL CONSULTATION					
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	30			

SCHEDULE OF EXCLUSIONS & LIMITATIONS

EXCLUSIONS:

Except as specifically provided in this Certificate, no coverage will be provided for services, supplies or charges:

1. Not specifically listed in the Schedule of Benefits as a Covered Service.
2. Provided to Members outside of the office in which the Member is enrolled and which are not pre-authorized by the Company (including specialty care services).
3. Which in the opinion of the treating dentist, or the Company, are not clinically necessary, or do not have a reasonable, favorable prognosis.
4. That are necessary due to lack of cooperation with the treating dentist, or failure to comply with a professionally prescribed Treatment Plan.
5. Started or incurred prior to the Member's eligibility under the Company or after the Termination Date of coverage with the Company.
6. For consultations by a Specialty Care Dentist for services not specifically listed on the Schedule of Benefits as a Covered Service.
7. That do not meet accepted standards of dental treatment, which are Experimental or Investigative in nature or are considered enhancements to standard dental treatment as determined by the Company.
8. For hospitalization and associated costs for rendering services in a hospital.
9. Determined by the Company to be the responsibility of Worker's Compensation or employer's liability or health care plan, or payable under any Federal Government or state program, or for treatment of any automobile related injury in which the Member is entitled to payment under an automobile insurance policy, or for services for which benefits are payable under any other insurance.
10. For prescription or non-prescription drugs, home care items, vitamins or dietary supplements.
11. Which are principally Cosmetic in nature, including, but not limited to, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures as determined by the Company.
12. For diagnostic services and treatment of jaw joint problems by any method. These jaw joint problems include such conditions as temporomandibular joint (TMJ) syndrome and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to that joint.
13. For services and/or appliances that alter the vertical dimension or alter, restore or maintain the occlusion, including, but not limited to, full mouth rehabilitation, splinting, appliances or any other method.
14. That restore tooth structure lost due to attrition, erosion or abrasion.
15. For replacement of lost, missing, stolen or damaged prosthetic device or orthodontic appliance or for duplicate dentures, prosthetic devices or any duplicative device.
16. For the following, which are not included as orthodontic benefits – retreatment of orthodontic cases, changes in orthodontic treatment necessitated by patient non-cooperation, repair of orthodontic appliances, replacement of lost or stolen appliances, special appliances (including, but not limited to, headgear, orthopedic appliances, bite planes, functional appliances or palatal expanders), myofunctional therapy, cases involving orthognathic surgery, extractions for orthodontic purposes, and treatment in excess of twenty-four (24) months.

17. For implants, surgical insertion and/or removal of, and any appliances and/or prosthetics attached to implants.
18. Required because of, or in connection with, acts of war, declared or undeclared.
19. For elective procedures, including, but not limited to, prophylactic extractions of third molars.

LIMITATIONS

The following services will be subject to Limitations as set forth below:

1. Referral to a Specialty Care Dentist is limited to orthodontics, oral surgery, periodontics, endodontics, and pediatric dentists.
2. Coverage for referral to a pediatric Specialty Care Dentist ends on a Member's 7th birthday. However, exceptions for physical or mental handicaps or medically compromised children, when confirmed by a physician, may be considered on an individual basis with prior approval from the Company.
3. Member must remain in the Plan during the period of time they are undergoing orthodontic treatment. Any early termination can result in additional charges for all unfinished work. This limitation only applies to subscriber termination, not group termination.
4. Sealants – one (1) per tooth per three (3) year period through age ten (10) on permanent first molars and through age fifteen (15) on permanent second molars.
5. In the case a Dental Emergency involving pain or a condition requiring immediate treatment occurring more than fifty (50) miles from the Member's home, the Plan covers necessary diagnostic and therapeutic dental procedures administered by a dentist up to a maximum of \$100 for each emergency visit.
6. Periodontal maintenance following active periodontal therapy - two (2) per twelve (12) consecutive months in combination with routine prophylaxis.
7. Periodontal scaling and root planing - one (1) per twenty-four (24) consecutive month period per area of the mouth.
8. Surgical periodontal procedures - one (1) per thirty-six (36) consecutive month period per area of the mouth.
9. Root canal retreatment – one (1) per tooth per lifetime.
10. Panoramic or full mouth x-rays - one (1) every three (3) years.
11. One (1) set of bitewing x-rays per six (6) consecutive months.
12. Prophylaxis - one (1) per six (6) consecutive months, unless otherwise specified in the Schedule of Benefits.
13. Fluoride treatment - one (1) per six (6) consecutive months through age eighteen (18).
14. Crown lengthening - one (1) per tooth per lifetime.
15. Denture relining or rebasing - integral if provided within six (6) months of insertion by the same dentist. This limitation does not apply to immediate dentures.
16. Subsequent denture relining or rebasing - limited to one (1) every thirty-six (36) consecutive months thereafter.
17. Administration of I.V. sedation or general anesthesia is limited to covered oral surgical procedures involving one or more impacted teeth (soft tissue, partial bony or complete bony impactions).

DE	SUSSEX	CECIL	QUEEN ANNES	WICOMICO
NEW CASTLE	SEAFORD	ELKTON	CENTREVILLE	SALISBURY
WILMINGTON	MD		GRASONVILLE	
<p>Aesthetic & Special Care Assoc PA Provider ID: 001756742 2323 Pennsylvania Ave Lower Level Wilmington, DE 19806 Telephone: (302) 426-0526</p> <p>Goldfeder, Allan C., DMD Provider ID: XXXXXX 2415 Milltown Rd Wilmington, DE 19808 Telephone: (302) 994-1782</p> <p>Herbert T Casalena DDS PA Provider ID: XXXXXX 2300 Pennsylvania Ave Ste A B Wilmington, DE 19806 Telephone: (302) 984-3300</p> <p>Hertzfeld, Edward J., DDS, PA Provider ID: XXXXXX 1900 Washington St Wilmington, DE 19802 Telephone: (302) 654-4484</p> <p>Mandas, George J., DDS Provider ID: XXXXXX 2814 Baynard Blvd Wilmington, DE 19802 Telephone: (302) 652-8859</p>	<p>Elkington, Isaac K., DDS Provider ID: 000824538 218 Pennsylvania Ave Seaford, DE 19973 Telephone: (302) 629-3008</p> <p>DENTON</p> <p>Osunkoya, Taiwo M., DMD Provider ID: XXXXXX 414 N Sixth St Denton, MD 21629 Telephone: (410) 479-9466</p> <p>Scott M Novak DDS PA Provider ID: 001700935 505 Kerr Ave Denton, MD 21629 Telephone: (410) 479-0600</p> <p>Sloan, John P., DDS Provider ID: XXXXXX 405 Market St Denton, MD 21629 Telephone: (410) 479-1320</p> <p>FEDERALSBURG</p> <p>Sloan, John P., DDS Provider ID: XXXXXX 112 Morris Ave Federalsburg, MD 21632 Telephone: (410) 754-5353</p>	<p>Abbasian, Vargha, DDS Provider ID: 000954876 1653 Elkton Rd Elkton, MD 21921 Telephone: (410) 620-7055</p> <p>Newsome, Chantal, DMD Provider ID: 000162390 109 E Main St Ste 104 Elkton, MD 21921 Telephone: (410) 392-8799</p> <p>Pasqualini Jr., Charles V., DMD Provider ID: XXXXXX 111 Howard St Elkton, MD 21921 Telephone: (410) 398-3737</p> <p>DORCHESTER</p> <p>CAMBRIDGE</p> <p>Randall H Hiers DDS Provider ID: XXXXXX 17 Franklin St Cambridge, MD 21613 Telephone: (410) 228-4191</p> <p>KENT</p> <p>ROCK HALL</p> <p>Roth, Charles D., DDS Provider ID: XXXXXX 5775 S Main St Rock Hall, MD 21661 Telephone: (410) 778-1234</p>	<p>James J Lucas DDS Provider ID: 000952868 134 Courseval Dr Centreville, MD 21617 Telephone: (410) 758-1424</p> <p>Pochron, James C., DDS Provider ID: 000405836 313 Winchester Creek Rd Grasonville, MD 21638 Telephone: (410) 827-7119</p> <p>SOMERSET</p> <p>PRINCESS ANNE</p> <p>Three Lower Counties Community Services Inc Provider ID: 000157025 12137 Elm St Community Services Inc Princess Anne, MD 21853 Telephone: (410) 651-5150</p> <p>TALBOT</p> <p>EASTON</p> <p>Broskey, Donald E., DMD Provider ID: XXXXXX 604 Dutchmans Ln Easton, MD 21601 Telephone: (410) 822-2212</p> <p>Lavoie Jr., Andrew J., DDS Provider ID: 000811715 19 Federal St Easton, MD 21601 Telephone: (410) 822-2424</p>	<p>Chesapeake Dental Associates Provider ID: XXXXXX 1820 Sweetbay Dr Ste 104 Salisbury, MD 21804 Telephone: (410) 543-2223</p> <p>Delaware Maryland Dental Provider ID: 001421128 123 W College Ave Ste A Salisbury, MD 21804 Telephone: (410) 546-5900</p> <p>Viertl, George C., DDS Provider ID: XXXXXX 215 Ohio Ave Salisbury, MD 21801 Telephone: (410) 742-0166</p> <p>WORCESTER</p> <p>OCEAN CITY</p> <p>Brauning, Michele, DMD Provider ID: XXXXXX 9936 Stephen Decatur Hwy Ste 505 Ocean City, MD 21842 Telephone: (410) 213-1032</p> <p>POCOMOKE CITY</p> <p>Wells, Duncan, DDS Provider ID: XXXXXX 1516 Market St Pocomoke City, MD 21851 Telephone: (410) 957-1606</p>

⊗ Currently not accepting new patients.

State of Delaware
Concordia Plus Network

This list of providers is subject to change. To confirm provider participation, contact United Concordia (1-866-357-3304) or the provider, or access the on-line directory at www.ucci.com

Index of Participating Providers

DE			
Aesthetic & Special Care			
Assoc PA	1		
Elkington, Isaac K., DDS	1		
Goldfeder, Allan C., DMD	1		
Herbert T Casalena DDS PA	1		
MD			
	Hertzfeld, Edward J., DDS, PA	1	
	Mandas, George J., DDS	1	
		Chesapeake Dental Associates	1
		Delaware Maryland Dental	1
		James J Lucas DDS	1
		Lavoie Jr., Andrew J., DDS	1
		Newsome, Chantal, DMD	1
		Osunkoya, Taiwo M., DMD	1
		Pasqualini Jr., Charles V., DMD	1
	Abbasian, Vargha, DDS	1	
	Brauning, Michele, DMD	1	
	Broskey, Donald E., DMD	1	
		Pochron, James C., DDS	1
		Randall H Hiers DDS	1
		Roth, Charles D., DDS	1
		Scott M Novak DDS PA	1
		Sloan, John P., DDS	1
		Three Lower Counties Community Services Inc	1
		Viertl, George C., DDS	1
		Wells, Duncan, DDS	1

Plan Overview

Dental PPO

(Preferred Provider Organization)

- Members may utilize participating **“Advantage Plus” PPO** providers, and/or any non-participating providers
- Members cannot be “balance-billed” when utilizing in-network providers
- Members may utilize **“Advantage Plus” PPO** providers anywhere in the country
- Deductibles and maximums may apply
- **Claim submission required for out-of-network services**
- Limited Orthodontia benefits available for adults and children

Current **Advantage Plus** (PPO) provider listings, including **participating providers in DE, MD, PA and NJ**, can be accessed on-line at www.unitedconcordia.com.

QUESTIONS?
Call **1-866-604-8488**

All services listed on this benefit summary are subject to the contract, Schedule of Benefits, and applicable Exclusions and Limitations (attached).

“Advantage Plus” Dental P.P.O.

Preferred Provider Organization - A Network Product

	<u>In-Network Plan Pays*</u>	<u>Out-of-Network Plan Pays**</u>
Diagnostic & Preventive		
• Exams	100%	100%
• X-Rays	of Maximum Allowance	of Maximum Allowance
• Cleanings		
• Fluoride Treatments		
• Sealants		
• Palliative		
Basic Services		
• Basic Restorative	80%	80%
• Endodontics	of Maximum Allowance	of Maximum Allowance
• Non-surgical Periodontics		
• Repairs		
• Simple Extractions		
Major Services		
• Inlays, Onlays, Crowns	50%	50%
• Surgical Periodontics	of Maximum Allowance	of Maximum Allowance
• Prosthetics		
• Complex Oral Surgery		
Orthodontics		
• Diagnostic, Active, and Retention Treatment For Children and Adults	50%	50%
	of Maximum Allowance	of Maximum Allowance
Deductibles & Maximums		
• \$50/\$150 Deductible (excluding Diagnostic and Preventive services)		
• \$1,000 Benefit/Reimbursement Maximum per Member (effective 7/1/06- 6/30/07)		
• \$1,000 Orthodontic Lifetime Benefit/Reimbursement Maximum per Member		

***In-Network Services** - Participating dentists accept our maximum allowance as payment-in-full. Members may not be balance billed. Members will still be responsible for coinsurance.

****Out-of-Network Services** - Members are responsible for payment at time of service, and must file a claim with United Concordia for reimbursement of any covered allowance. Members are subject to balance billing.

PPO

Advantage Plus
Directory of Participating Dental Providers

STATE OF DELAWARE

DE

KENT

**CAMDEN
WYOMING**

General Dentistry

Burris, Alvis D., DMD
001779705
199 South St
Camden Wyoming, DE
19934
Telephone: (302) 697-3125

Camden Dentistry LLC
001779704
199 South St
Camden Wyoming, DE
19934
Telephone: (302) 697-3125

Hatfield, John H., DDS
000976625
199 South St
Camden Wyoming, DE
19934
Telephone: (302) 697-3125

DOVER

General Dentistry

Coope, Robert R., DDS
001642007
863 Buttner Pl
Ste 203
Dover, DE 19904
Telephone: (302) 741-2044

Devon C Sadlowski DMD
PA
001579729
882 Walker Rd
Ste A
Dover, DE 19904
Telephone: (302) 735-8940

Lewis, Bernard A., DDS
001579724
882 Walker Rd
Ste A
Dover, DE 19904
Telephone: (302) 735-8940

Martin & Sidel PA
000515972
250 Beiser Blvd
Ste 102
Dover, DE 19904
Telephone: (302) 735-4800

Martin, Michael W., DDS
000515674
250 Beiser Blvd
Ste 102
Dover, DE 19904
Telephone: (302) 735-4800

Nacrelli, Christopher A., DMD, PA
000122721
385 Saulsbury Rd
Dover, DE 19904
Telephone: (302) 674-8810

Postlethwait, Thomas M., DDS
000033865
773 S Queen St
Dover, DE 19904
Telephone: (302) 674-8283

Rose, Karen, DDS
000954897
446A S New St
Dover, DE 19904
Telephone: (302) 674-3303

Sadlowski, Devon C., DMD
000863827
882 Walker Rd
Ste A
Dover, DE 19904
Telephone: (302) 735-8940

Sidel, Edward V., DDS
000515579
250 Beiser Blvd
Ste 102
Dover, DE 19904
Telephone: (302) 735-4800

Wieczorek, Mark A., DDS
001810137
882 Walker Rd
Ste A
Dover, DE 19904
Telephone: (302) 735-8940

Oral Surgery

Ditty, Douglas L., DMD
001749115
1001 S Bradford St
Ste 2
Dover, DE 19904
Telephone: (302) 674-4450

Fisher, Bruce D., DMD
000852769
1001 S Bradford St
Ste 2
Dover, DE 19904
Telephone: (302) 674-4450

Lippman, Norman M., DDS
000038681
712 S Governors Ave
Dover, DE 19904
Telephone: (302) 674-1140

Southern Delaware Oral & Max Surg Assoc PA
001779360
1001 S Bradford St
Ste 2
Dover, DE 19904
Telephone: (302) 674-4450

Orthodontics

Kidd III, Robert W., DMD, PA
000480001
850 S State St
Dover, DE 19901
Telephone: (302) 678-1441

Veith, Charles J., DMD
000275244
748 New St
Dover, DE 19904
Telephone: (302) 734-1380

Pedodontics

Louie, Lawrence A., DMD
000617154
250 Beiser Blvd
Ste 101
Dover, DE 19904
Telephone: (302) 674-5437

NEW CASTLE

CHRISTIANA

General Dentistry

Cook and Cook Associates
000825724
16 Peddlers Village
Christiana, DE 19702
Telephone: (302) 453-1490

CLAYMONT

General Dentistry

Jacobs, Richard S., DDS
000004108
3716 Phila Pk
Claymont, DE 19703
Telephone: (302) 792-2648

MIDDLETOWN

General Dentistry

Cook and Cook Associates
000825724
12 Pennington St
Ste 300
Middletown, DE 19709
Telephone: (302) 378-4416

Cook, G. Leigh, DMD
000144328
12 Pennington
Ste 300
Middletown, DE 19709
Telephone: (302) 378-4416

Cook, Jeffrey L., DMD
000122816
12 Pennington St
Ste 300
Middletown, DE 19709
Telephone: (302) 378-4416

Oral Surgery

Damico III, Eugene M., DDS
000978822
112 St Annes Church Rd
Middletown, DE 19709
Telephone: (302) 376-3700

NEWARK

General Dentistry

Bishop, Taurance N., DDS
001829005
300 Biddle Ave
Ste 204
Newark, DE 19702
Telephone: (302) 838-8306

Cook and Cook Associates
000973370
16 Peddlers Row
Newark, DE 19702
Telephone: (302) 453-8700

Cook, G. Leigh, DMD
000144328
16 Peddlers Row
Newark, DE 19702
Telephone: (302) 453-8700

Cook, Jeffrey L., DMD
000122816
16 Peddlers Row
Newark, DE 19702
Telephone: (302) 453-8700

Fouk Road Dental Associates PA
001419601
210 W Park Pl
Newark, DE 19711
Telephone: (302) 455-0333

Oral Surgery

Bukzin, Jay M., DDS
001563994
4735 Ogletown Staton Rd
Ste 1115
Newark, DE 19713
Telephone: (302) 292-1600

Damico III, Eugene M., DDS, PA
000540991
4735 Ogletown-Stanton Rd
Ste 1115
Newark, DE 19713
Telephone: (302) 292-1600

Ettinger, David B., DMD
000986604
131 E Chestnut Hill Rd
Newark, DE 19713
Telephone: (302) 369-1000

Endodontics

Carri, Debra Lynn, DMD
000703273
J 31 Omega Dr
Newark, DE 19713
Telephone: (302) 733-7600

Liu, Donald, DDS
001499245
J 31 Omega Dr
Newark, DE 19713
Telephone: (302) 733-7600

Omega Endodontics LLC
001576242
J 31 Omega Dr
Newark, DE 19713
Telephone: (302) 733-7600

Phillips, B. Eric, DMD
000156214
J 31 Omega Dr
Newark, DE 19713
Telephone: (302) 733-7600

Orthodontics

Husain, Ali S., DMD
000985203
1400 Peoples Plz
Ste 312
Newark, DE 19702
Telephone: (302) 838-1400

WILMINGTON

General Dentistry

Aesthetic & Special Care
Assoc PA
001756742
2323 Pennsylvania Ave
Lower Level
Wilmington, DE 19806
Telephone: (302) 426-0526

Casalena, Herbert T., DDS
000092963
2300 Pennsylvania Ave
Ste A & B 6th Flr
Wilmington, DE 19806
Telephone: (302) 984-3300

Derenzo, George T., DDS
000085759
2000 FOULK Rd
Ste 1 C
Wilmington, DE 19810
Telephone: (302) 475-3110

Duffy, Michael, DMD
001413326
300 Foulk Dr
Ste 101
Wilmington, DE 19803
Telephone: (302) 652-3775

Fontana, John B., DDS
000060794
1708 Lovering Ave
Ste 101
Wilmington, DE 19806
Telephone: (302) 656-2434

Foulk Road Dental
Associates PA
001419601
300 Foulk Dr
Ste 101
Wilmington, DE 19803
Telephone: (302) 652-3775

Goldfeder, Allan C., DMD
000033881
2415 Milltown Rd
Wilmington, DE 19808
Telephone: (302) 994-1782

Herbert T Casalena DDS
PA
001337948
2300 Pennsylvania Ave
Ste A B
Wilmington, DE 19806
Telephone: (302) 984-3300

Hertzfeld, Edward J., DDS,
PA
000122812
1900 Washington St
Wilmington, DE 19802
Telephone: (302) 654-4484

Jenkins, Thomas E., DMD
000106203
2323 Pennsylvania Ave
Lower Level
Wilmington, DE 19806
Telephone: (302) 426-0526

Luxl, Frank S., DDS, PA
000182427
3510 Silverside Rd
One the Commons
Wilmington, DE 19810
Telephone: (302) 479-9400

Mandas, George J., DDS
000178072
2814 Baynard Blvd
Wilmington, DE 19802
Telephone: (302) 652-8859

Mitchell, Albert B., DDS
001471636
828 N Union St
Wilmington, DE 19805
Telephone: (302) 777-7746

Nguyen, Keith T., DMD
001746716
2323 PA Ave
Lower Level
Wilmington, DE 19806
Telephone: (302) 426-0526

Rowen, Todd, DMD
000441728
25 Milltown Rd
Wilmington, DE 19808
Telephone: (302) 994-5887

Russo Jr., John N., DDS
000174808
300 Foulk Rd
Ste 101
Wilmington, DE 19803
Telephone: (302) 652-3775

Russo, Nicholas J., DMD
001467364
300 Foulk Rd
Ste 101
Wilmington, DE 19803
Telephone: (302) 652-3775

Rybinski, John F., DDS
000979086
2601 Annand Dr
St 6
Wilmington, DE 19808
Telephone: (302) 999-9277

Sweeney III, Patrick F.,
DMD
000102485
1700 Shallcross Ave
Ste 2
Wilmington, DE 19806
Telephone: (302) 658-7200

Oral Surgery

Dougherty, Thomas P.,
DDS
000194678
5317 Limestone Rd
Wilmington, DE 19808
Telephone: (302) 239-2500

Goodwill III, James L.,
DDS
000143847
1304 N Broom St
Wilmington, DE 19806
Telephone: (302) 655-6183

1600 Rockland Rd
Wilmington, DE 19803
Telephone: (302) 651-5880

Heritage Prof Plz
Ste #10
Wilmington, DE 19808
Telephone: (302) 998-0331

King, David A., DDS
000715242
1304 Broom St
Wilmington, DE 19806
Telephone: (302) 655-6183

2601 Annand Dr
Ste 10
Wilmington, DE 19808
Telephone: (302) 655-6183

Kremer, Michael R., DMD
000455840
1304 N Broom St
Wilmington, DE 19806
Telephone: (302) 655-6183

Heritage Prof Plz
Ste #10
Wilmington, DE 19808
Telephone: (302) 998-0331

Oral & Maxillofacial
Surgery
001653275
1304 N Broom St
Wilmington, DE 19806
Telephone: (302) 655-6183

Orthodontics

Collins, Gary R., DDS
000110572
5500 Skyline Dr
Pike Creek Prof Ctr
Wilmington, DE 19808
Telephone: (302) 239-3531

Fink, Fred S., DDS
000123045
3518 Silverside Rd
Ste 23
Wilmington, DE 19810
Telephone: (302) 478-6930

Goodman, David, DDS
000114884
707 Foulk Rd
Wilmington, DE 19803
Telephone: (302) 655-3374

Poleck, Michael, DDS
000482396
5501 Kirkwood Hwy
Wilmington, DE 19808
Telephone: (302) 999-0111

Veith, Charles J., DDS
000122755
2300 Pennsylvania Ave
Wilmington, DE 19806
Telephone: (302) 658-7354

Pedodontics

Lavelle Jr., John J., DDS,
PA
000084850
707 Foulk Rd
Wilmington, DE 19803
Telephone: (302) 655-4461

SUSSEX

LEWES

Oral Surgery

Cahoon, Michael L., DMD
000125310
750 Kings Hwy
Ste 107
Lewes, DE 19958
Telephone: (302) 644-4171

Fisher, Bruce D., DMD
000852769
33718 Wescoats Rd
Ste A
Lewes, DE 19958
Telephone: (302) 644-2977

Orthodontics

Poleck, Michael, DDS
000482396
1632 Savannah Rd
Lewes, DE 19958
Telephone: (302) 999-0111

MILFORD

Orthodontics

Kidd III, Robert W., DMD,
PA
000480001
601 NW Front St
Milford, DE 19963
Telephone: (302) 422-6007

SEAFORD

General Dentistry

Elkington, Isaac K., DDS
000824538
218 Pennsylvania Ave
Seaford, DE 19973
Telephone: (302) 629-3008

Oral Surgery

Mullen, Thomas R., DMD,
PA
000118500
8466 Herring Run Rd Ste D
Herring Run Medicl Plz
Seaford, DE 19973
Telephone: (302) 629-3588

MD

CAROLINE

DENTON

General Dentistry

Noren, Charles R., DDS
000007075
505 Kerr Ave
Denton, MD 21629
Telephone: (410) 479-0300

Novak, Scott M., DDS
001700512
505 Kerr Ave
Denton, MD 21629
Telephone: (410) 479-0600

Osunkoya, Taiwo M., DMD
001331601
414 N Sixth St
Denton, MD 21629
Telephone: (410) 479-9466

Scott M Novak DDS PA
001700935
505 Kerr Ave
Denton, MD 21629
Telephone: (410) 479-0600

Caroline

Queen Annes

Sloan, John P., DDS
000603305
 405 Market St
 Denton, MD 21629
Telephone: (410) 479-1320

FEDERALSBURG**General Dentistry**

Fedecalsburg Dental Center
001436659
 215 Bloomingdale Ave
 Federalsburg, MD 21632
Telephone: (410) 754-7583

Kane, Roger W., DDS
000565828
 215 Bloomingdale Ave
 Federalsburg, MD 21632
Telephone: (410) 754-7583

Sloan, John P., DDS
000513335
 112 Morris Ave
 Federalsburg, MD 21632
Telephone: (410) 754-5353

Wolpin, Scott Brian, DMD
000955013
 215 Bloomingdale Ave
 Federalsburg, MD 21632
Telephone: (410) 754-7583

CECIL**ELKTON****General Dentistry**

Abbasian, Vargha, DDS
000954876
 1653 Elkton Rd
 Elkton, MD 21921
Telephone: (410) 620-7055

Carr, Brian H., DDS
000734113
 111 W High St
 Ste 111
 Elkton, MD 21921
Telephone: (410) 398-2131

Carr, Dennis P., DDS
000465277
 111 W High St
 Ste 111
 Elkton, MD 21921
Telephone: (410) 398-2131

Carr, Robert A., DDS
000820710
 111 W High St
 Ste 111
 Elkton, MD 21921
Telephone: (410) 398-2131

Gaz, David, DDS
000119511
 2204 Singerly Rd
 Elkton, MD 21921
Telephone: (410) 398-3833

Koterwas, Christopher W., DDS, PA
000051896
 401 E Pulaski Hwy
 Elkton, MD 21921
Telephone: (410) 392-3737

Lavine, Paul B., DDS
000471547
 201 North St
 Elkton, MD 21921
Telephone: (410) 398-0250

Lipman, Michael B., DDS
000022431
 2204 Singerly Rd
 Elkton, MD 21921
Telephone: (410) 398-3833

Moradi, Nasser, DDS
000435944
 218 E Pulaski Highway
 Elkton, MD 21921
Telephone: (410) 398-2080

Newsome, Chantal, DMD
000162390
 109 E Main St
 Ste 104
 Elkton, MD 21921
Telephone: (410) 392-8799

Pasqualini Jr., Charles V., DMD
000141925
 111 Howard St
 Elkton, MD 21921
Telephone: (410) 398-3737

Phillips, John E., DMD
000626521
 2204 Singerly Rd
 Elkton, MD 21921
Telephone: (410) 398-3833

Suarez Murias, Richard A., DDS
000273544
 111 Howard St
 Elkton, MD 21921
Telephone: (410) 398-3737

Wyman, Julianne M., DDS
001594717
 132 E Pulaski Hwy
 Elkton, MD 21921
Telephone: (410) 398-1221

Oral Surgery

Hyatt, Julius, DDS
000025830
 2204 Singerly Rd
 Elkton, MD 21921
Telephone: (410) 398-3833

Orthodontics

Riger, Michael, DDS
000795155
 132 E Pulaski Hwy
 Elkton, MD 21921
Telephone: (410) 398-1221

Pedodontics

Schapiro, Howard L., DDS
000752099
 103 Chesapeake Blvd
 Ste E
 Elkton, MD 21921
Telephone: (410) 398-9230

Multispecialty

Carr Family Dentistry PA
000846716
 111 W High St
 Ste 111
 Elkton, MD 21921
Telephone: (410) 398-2131

Lipman Phillips & Gaz LLC
000795325
 2204 Singerly Rd
 Elkton, MD 21921
Telephone: (410) 398-3833

NORTH EAST**General Dentistry**

Gwiazdowski, Joseph A., DDS
000078016
 216 S Main St
 North East, MD 21901
Telephone: (410) 287-8777

PERRYVILLE**General Dentistry**

Galicki, Gary J., DDS
000054920
 605 Aiken Ave
 Perryville, MD 21903
Telephone: (410) 642-2120

Oral Surgery

Smith, J. Alexander, DMD
000767409
 605 Aiken Ave
 Perryville, MD 21903
Telephone: (410) 642-3370

DORCHESTER**CAMBRIDGE****General Dentistry**

Connelly, C. Edmund, DDS
000880750
 406 Lecompte St
 Cambridge, MD 21613
Telephone: (410) 228-8770

Hiers, Randall H., DDS
000773188
 17 Franklin St
 Cambridge, MD 21613
Telephone: (410) 228-4191

Nave, Julian, DDS
000844330
 325 Crusader Rd
 Cambridge, MD 21613
Telephone: (410) 228-2227

Randall H Hiers DDS
000921128
 17 Franklin St
 Cambridge, MD 21613
Telephone: (410) 228-4191

Stetzer, Kraig, DMD
000786234
 17 Franklin St
 Cambridge, MD 21613
Telephone: (410) 228-4191

Taylor, Jeffrey L., DDS
000095591
 110 Dorchester Ave
 Cambridge, MD 21613
Telephone: (410) 228-2980

Orthodontics

Crouse, James M., DDS
000819661
 406 Lecompt
 Cambridge, MD 21613
Telephone: (410) 749-2933

KENT**CHESTERTOWN****General Dentistry**

Brayton, Neil W., DDS
000773122
 122 Speer Rd
 Chestertown, MD 21620
Telephone: (410) 778-1104

Sieffert, William J., DMD
000036698
 7416 Church Hill Rd
 Chestertown, MD 21620
Telephone: (410) 778-2811

Wyman, Frederick N., DDS
000740505
 111 Spring Ave
 Chestertown, MD 21620
Telephone: (410) 778-4088

Orthodontics

Serino, John, DDS
000721989
 122 Speer Rd
 Chestertown, MD 21620
Telephone: (410) 822-9411

Wright, Benjamin D., DMD
001422684
 111 Calvert St
 Chestertown, MD 21620
Telephone: (410) 778-0702

Wyman, Julianne M., DDS
000000340
 111 Spring Ave
 Chestertown, MD 21620
Telephone: (410) 810-3110

ROCK HALL**General Dentistry**

Roth, Charles D., DDS
000773260
 5775 S Main St
 Rock Hall, MD 21661
Telephone: (410) 778-1234

QUEEN ANNES**CENTREVILLE****General Dentistry**

Downs, Thomas H., DDS
000125681
 100 Pennsylvania Ave
 Centreville, MD 21617
Telephone: (410) 758-0999

James J Lucas DDS
000952868
 134 Courseval Dr
 Centreville, MD 21617
Telephone: (410) 758-1424

Lucas, James J., DDS
000193849
 134 Courseval Dr
 Centreville, MD 21617
Telephone: (410) 758-1424

Orthodontics

Placido, Daniel J., DDS
000772663
 134 Courseual Dr
 Centreville, MD 21617
Telephone: (410) 758-1424

CHESTER**General Dentistry**

Wolfe III, William F., DDS
000795414
 2009 Main St
 Chester, MD 21619
Telephone: (410) 643-3888

GRASONVILLE**General Dentistry**

Pochron, James C., DDS
000405836
 313 Winchester Creek Rd
 Grasonville, MD 21638
Telephone: (410) 827-7119

STEVENSVILLE**General Dentistry**

Aufderheide, Sarah E., DDS
000873282
 202 St Claire Pl
 Ste 200
 Stevensville, MD 21666
Telephone: (410) 604-6915

Gillin, Walter A., DDS
000027473
 208 St Clair Place
 Stevensville, MD 21666
Telephone: (410) 643-8110

Moffitt, Gregory S., DDS
001379369
 101 St Claire Pl
 Ste 102
 Stevensville, MD 21666
Telephone: (410) 604-2222

Oral Surgery

Hlousek, Lubor, DDS
000335317
 101 St Claire Pl
 Ste 100
 Stevensville, MD 21666
Telephone: (410) 643-2275

Walzer Sullivan & Hlousek PA
000795409
 101 St Claire Pl
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 Stevensville, MD 21666
Telephone: (410) 643-2275

Orthodontics

Philbin
001824736
 101 St Claire Pl
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Philbin, Philip A., DDS
000760689
 101 St Claire Pl
 Ste 104
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Reinheimer, Oraann, DDS
001824737
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Pedodontics

Jimenez, Beverly A., DDS
001656336
 101 St Claire Pl
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 Stevensville, MD 21666
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Katz, Dudley, DDS
000062562
 101 St Claire Pl
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SOMERSET**PRINCESS ANNE****General Dentistry**

Champion, Allen F., DDS
001759066
 12137 Elm St
 Princess Anne, MD 21853
Telephone: (410) 651-9852

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000806152
 30567 Linden Ave
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001586253
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Telephone: (410) 651-9852

Three Lower Counties Community Services Inc
000157025
 12137 Elm St
 Community Services Inc
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TALBOT**EASTON****General Dentistry**

Broskey, Donald E., DMD
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 604 Dutchmans Ln
 Easton, MD 21601
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000811715
 19 Federal St
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Oral Surgery

Wood, Horace, DMD
000795209
 508 C Cynwood Dr
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Telephone: (410) 770-3130

Orthodontics

Serino, John, DDS
000721989
 538 Cynwood Dr
 Ste 1
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Telephone: (410) 822-9411

Pedodontics

Houck, William R., DDS
000056041
 613 Dutchmans Lane
 Easton, MD 21601
Telephone: (410) 822-7575

Periodontics

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000262503
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 Easton, MD 21601
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Louis, John V., DMD
000781135
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SAINT MICHAELS**General Dentistry**

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 Saint Michaels, MD 21663
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TRAPPE**General Dentistry**

Calabro, Anthony J., DDS
000488657
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WICOMICO**SALISBURY****General Dentistry**

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000187765
 531 Riverside Dr
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Wicomico

Worcester

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000157163
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Singh, Upinder, DDS
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Smith, W. Ellis, DMD
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Oral Surgery

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 560 Riverside Dr
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Orthodontics

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 1413 Wesley Dr
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Periodontics

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Perim, Stewart I., DDS
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Multispecialty

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Peninsula Periodontics and Orthodontics
000971508
 1412 S Salisbury Blvd
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WORCESTER**BERLIN****General Dentistry**

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000655858
 11070 Cathell Rd
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Telephone: (410) 208-2900

Michnick, Lawrence S., DDS
000795128
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 Pines Plz Unit 17
 Berlin, MD 21811
Telephone: (410) 208-2900

Robbins, Geoffrey H., DDS
000148213
 11070 Cathell Rd
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Oral Surgery

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 Ste 401
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OCEAN CITY**General Dentistry**

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000655858
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Thome, Dennis, DDS
000973351
 14203 Coastal Hwy
 Ocean City, MD 21842
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OCEAN PINES**General Dentistry**

Landsman, Robert J., DDS
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POCOMOKE CITY**General Dentistry**

Leishear, Samuel A., DMD, PA
000469660
 102 Eighth St
 Pocomoke City, MD 21851
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SHOWELL**General Dentistry**

Fiorentino, Vincent F., DDS
000772611
 21907 Westernport Road SW
 Showell, MD 21862
Telephone: (301) 786-7340

Index of Participating Providers

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General Dentistry

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Bishop, Taurance N., DDS	1
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Camden Dentistry LLC	1
Casalena, Herbert T., DDS	2
Cook and Cook Associates	1
Cook, G. Leigh, DMD	1
Cook, Jeffrey L., DMD	1
Coope, Robert R., DDS	1
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Carri, Debra Lynn, DMD	1
Liu, Donald, DDS	1
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Collins, Gary R., DDS	2
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MD

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Pedodontics

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Louis, John V., DMD	4
Perez Mera, Maria L., DDS	5
Perim, Stewart I., DDS	5

Multispecialty

Carr Family Dentistry PA	3
Lipman Phillips & Gaz LLC	3
Merritt Mill Dental	
Associates	5
Peninsula Periodontics and	
Orthodontics	5

PPO

Plan Overview

Dental Indemnity

- Members may utilize any provider of their choosing, anywhere
- Providers may balance-bill
- Deductibles and maximums may apply
- **Claim submission required**
- Limited Orthodontia benefits available for adults and children

QUESTIONS?
Call [1-866-604-8488](tel:1-866-604-8488)

All services listed on this benefit summary are subject to the contract, Schedule of Benefits, and applicable Exclusions and Limitations (attached).

Dental Indemnity

A Non-Network Product

Plan Pays*

Diagnostic & Preventive

- *Exams*
- *X-Rays*
- *Cleanings*
- *Fluoride Treatments*
- *Sealants*
- *Palliative Treatment*

80%
of Maximum Allowance

Basic Services

- *Basic Restorative*
- *Endodontics*
- *Non-surgical Periodontics*
- *Repairs*
- *Simple Extractions*

80%
of Maximum Allowance

Major Services

- *Inlays, Onlays, Crowns*
- *Surgical Periodontics*
- *Prosthetics*
- *Complex Oral Surgery*

50%
of Maximum Allowance

Orthodontics

- *Diagnostic, Active, and Retention Treatment For Children and Adults*

50%
of Maximum Allowance

Deductibles & Maximums

- *\$50/\$150 Deductible(excluding Diagnostic & Preventive services)*
- *\$1,000 Benefit/Reimbursement Maximum per Member (effective 7/1/06 - 6/30/07)*
- *\$1,000 Orthodontic **Lifetime** Benefit/Reimbursement Maximum per Member*

* Members are responsible for payment at time of service, and must file a claim with United Concordia for reimbursement of any covered allowance. [Members are subject to balance billing.](#)

SCHEDULE OF EXCLUSIONS AND LIMITATIONS (PPO and INDEMNITY Plans)

EXCLUSIONS

Except as specifically provided in the Certificate, Schedules of Benefits or Riders to the Certificate, no coverage will be provided for services, supplies or charges:

1. Not specifically listed as a Covered Service on the Schedule of Benefits and those listed as not covered on the Schedule of Benefits.
2. Which are necessary due to patient neglect, lack of cooperation with the treating dentist or failure to comply with a professionally prescribed Treatment Plan. This exclusion does not apply to Group Policies and Certificates issued and delivered in California.
3. Started prior to the Member's Effective Date or after the Termination Date of coverage with the Company, including, but not limited to multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures.
4. Services or supplies that are not deemed generally accepted standards of dental treatment.
5. For hospitalization costs.
6. That are the responsibility of Worker's Compensation or employer's liability insurance, or for treatment of any automobile related injury in which the Member is entitled to payment under an automobile insurance policy. The Company's benefits would be in excess to the third party benefits and therefore, the Company would have right of recovery for any benefits paid in excess.

For Group Policies and Certificates issued and delivered in Georgia, Missouri, and Virginia, only services that are the responsibility of Workers Compensation or employer's liability insurance shall be excluded from this Plan.

For Group Policies and Certificates issued and delivered in Texas, only services that are the responsibility of the employer's liability insurance, or for treatment of any automobile related injury shall be excluded from this Plan.
7. For prescription or non-prescription drugs, vitamins, or dietary supplements.
8. Administration of nitrous oxide, general anesthesia and i.v. sedation, unless specifically indicated on the Schedule of Benefits.
9. Which are Cosmetic in nature as determined by the Company, including, but not limited to bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures. This exclusion does not apply to Group Policies and Certificates issued and delivered in Pennsylvania for Cosmetic services required as the result of an accidental injury.

This exclusion does not apply to Group Policies issued and delivered in New Jersey for Cosmetic services for newly-born children of Members as defined in the definition of Dependent.
10. Elective procedures including but not limited to the prophylactic extraction of third molars.
11. For the following which are not included as orthodontic benefits - retreatment of orthodontic cases, changes in orthodontic treatment necessitated by patient neglect, or repair of an orthodontic appliance.
12. For congenital mouth malformations or skeletal imbalances, including, but not limited to treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment.

For Group Policies and Certificates issued and delivered in Arizona, Kentucky, and Pennsylvania this exclusion shall not apply to newly born children of Members as defined under the definition of Dependent including newly adoptive children, regardless of age.

For Group Policies issued and delivered in Colorado, Indiana, Missouri, New Jersey, and Virginia, this exclusion shall not apply to newly born children of Members as defined under the definition of Dependent.

For Group Policies issued and delivered in Colorado, this exclusion shall not apply to orthodontic or dental services for a newly born Dependent with cleft lip or cleft palate and shall be covered as listed on the Schedule of Benefits.

For Group Policies and Certificates issued and delivered in Florida, this exclusion shall not apply for diagnostic or surgical dental (not medical) procedures rendered to a Member of any age.
13. For dental implants including placement and restoration of implants unless specifically covered under a rider to the Certificate.
14. For oral or maxillofacial services including but not limited to associated hospital, facility, anesthesia, and radiographic imaging even if the condition requiring these services involves part of the body other than the mouth or teeth.

This exclusion shall not apply to Group Policies issued and delivered in Georgia when such services are medically necessary.
15. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under a Rider to the Certificate. These jaw joint problems include but are not limited to such conditions as temporomandibular joint disorder (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint.

For Group Policies and Certificates issued in Florida, this exclusion does not apply to diagnostic or surgical dental (not medical) procedures for treatment of TMD rendered to a Member of any age as a result of congenital or developmental mouth malformation, disease, or injury and such procedures are covered under a Rider to the Certificate or the Schedule of Benefits.
16. For treatment of fractures and dislocations of the jaw.

This exclusion does not apply to Group Policies and Certificates issued in Pennsylvania if the dental condition is as a result of an accidental injury.
17. For treatment of malignancies or neoplasms.

18. Services and/or appliances that alter the vertical dimension, including but not limited to, full mouth rehabilitation, splinting, fillings to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.

This exclusion does not apply to Group Policies and Certificates issued in Pennsylvania if the dental condition is as a result of an accidental injury.

19. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances.
20. For broken appointments.
21. Arising from any intentionally self-inflicted injury or contusion when the injury is a consequence of the Member's commission of or attempt to commit a felony or engagement in an illegal occupation or of the Member's being intoxicated or under the influence of illicit narcotics.

This exclusion does not apply to Group Policies and Certificates issued and delivered in Maryland.

22. For house or hospital calls for dental services.
23. Replacement of existing crowns, onlays, bridges and dentures that are or can be made serviceable.
24. Preventive restorations in the absence of dental disease.
25. Periodontal splinting of teeth by any method.
26. For duplicate dentures, prosthetic devices or any other duplicative device.
27. For services determined to be furnished as a result of a referral to an entity in which the referring dentist, or the dentist's immediate family; (a) owns a beneficial interest; or (b) has a compensation arrangement. The dentist's immediate family includes the spouse, child, child's spouse, parent, spouse's parent, sibling, or sibling's spouse of the dentist, or that dentist in combination.
28. For which in the absence of insurance the Member would incur no charge.
29. For plaque control programs, oral hygiene, and dietary instructions.
30. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the national guard or in the armed forces of any country or international authority.

This exclusion does not apply to Group Policies and Certificates issued and delivered in Oklahoma.

31. For training and/or appliance to correct or control harmful habits, including, but not limited to, muscle training therapy (myofunctional therapy).
32. For any claims submitted to the Company by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.
33. Which are not Dentally Necessary as determined by the Company.

This exclusion does not apply to Group Policies and Certificates issued and delivered in California and Maryland.

LIMITATIONS

The following services will be subject to limitations as set forth below:

1. Full mouth x-rays – one every five years.
2. One set(s) of bitewing x-rays per six months through age thirteen, and one set(s) of bitewing x-rays per twelve months for age fourteen and older.
3. Periodic oral evaluation – one per six months.
4. Limited oral evaluation (problem focused) – limited to one per dentist per twelve months.
5. Prophylaxis – one per six months.
6. Fluoride treatment – one per six months through age eighteen.
7. Space maintainers - only eligible for Members through age eighteen when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not develop.
8. Prefabricated stainless steel crowns - one per tooth per lifetime for age fourteen years and younger.
9. Crown lengthening - one per tooth per lifetime.
10. Periodontal maintenance following active periodontal therapy – two per twelve months in addition to routine prophylaxis.
11. Periodontal scaling and root planing - one per two year period per area of the mouth.
12. Placement or replacement of single crowns, inlays, onlays, single and abutment buildups and post and cores, bridges, full and partial dentures – one within five years of their placement.
13. Denture relining, rebasing or adjustments - are included in the denture charges if provided within six months of insertion by the same dentist.
14. Subsequent denture relining or rebasing – limited to one every three year(s) thereafter.
15. Surgical periodontal procedures - one per two year period per area of the mouth.
16. Sealants - one per tooth per three year(s) through age fifteen on permanent first and second molars.
17. Pulpal therapy - through age five on primary anterior teeth and through age eleven on primary posterior molars.
18. Root canal treatment and retreatment – one per tooth per lifetime.
19. Recementations by the same dentist who initially inserted the crown or bridge during the first twelve months are included in the crown or bridge benefit, then one per twelve months thereafter; one per twelve months for other than the dentist who initially inserted the crown or bridge.
20. Replacement restorations – limited to one per twelve months.
21. Contiguous surface posterior restorations not involving the occlusal surface will be payable as one surface restoration.
22. Posts are only covered as part of a post buildup.
23. An Alternate Benefit Provision (ABP) will be applied if a dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed for the ABP.
24. Payment for orthodontic services shall cease at the end of the month after termination by the Company.

CLAIMS FILING

DENTAL HMO (HEALTH MAINTENANCE ORGANIZATION)

- No claim forms are needed, except for out-of-area emergencies.
- There is only a **copayment at the time of service**.
- The member is not subject to balance billing.

DENTAL PPO (PREFERRED PROVIDER ORGANIZATION)

IN-NETWORK:

- No claim forms are needed.
- There is applicable coinsurance at the time of service.
- The member is not subject to balance billing when utilizing a participating United Concordia “**Advantage Plus**” network provider.

OUT-OF-NETWORK:

- Member must pay the dentist's usual fee and submit a standard ADA claim form* to:

United Concordia Claims
P.O. Box 69421
Harrisburg, PA 17106-9421

or.....

- The dentist, at his/her discretion, may submit the claim and charge the member.
- Payment of claims is made to the member unless benefits are assigned to the provider.
- The member is subject to balance billing by non-participating providers.

Dental Indemnity

- Indemnity claims submission procedures/requirements are the same as with the PPO (Out-of-Network).

For more information, please call **1-866-604-8488**.

** Standard ADA claim forms can be obtained at the dental office or through United Concordia, via our website at **www.unitedconcordia.com**.*

Notes

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QUESTIONS ON YOUR BENEFITS? TRY THESE HELPFUL TOOLS...

"MY DENTAL BENEFITS"

My Dental Benefits provides members with secure, easy access to information about their dental benefits. It's fast, friendly and easy to use. Visit www.unitedconcordia.com. Click on the "**Members**" button to view the Members page and then select "**My Dental Benefits.**" Once registered, members will have everything they need to knowledgeably monitor their personal dental benefits:

- **Eligibility** – Coverage information such as group name, enrollment eligibility date, plan type, etc.
- **Member Listing** – Listing of all persons covered by the subscriber's contract.
- **Benefit Information** – Benefit details sorted into easy to search benefit categories.
- **Claim Information** – Claim status updates including payment details.
- **Maximum/Deductible** – Details on maximums and/or deductibles.
- **Procedure History** – A snapshot of dental care provided to a United Concordia member.
- **ID Card Print** – Print out a personalized ID card at home.
- **Find a Dentist** – A quick link to search for a participating dentist.
- **Glossary of Dental Terms** – A guide to dental and benefit terms.
- **Help/Common Questions** – Answers to frequently asked dental questions.
- **Contact Us** – Email questions to our customer service department.

"CLIENT'S CORNER"

- Log in to United Concordia at www.unitedconcordia.com, then click on "**Client's Corner**" in the lower left corner. From there click on **State of Delaware**, and you will find benefit information specific to State of Delaware benefit eligible employees/retirees. This client specific "link" enhances the ease with which members can access benefit information specific to the State of Delaware.

Thank you for considering United Concordia for your family's dental coverage.